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**Prince George County  
Public Schools  
Food & Nutrition Office**

# LUNCH ACCOUNT REFUND

CHECK PAYABLE TO: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

PHONE NUMBER: \_\_\_\_\_

REFUND AMOUNT: \$ \_\_\_\_\_

<u>NAME</u>	<u>SCHOOL</u>	<u>STUDENT ID#</u>	<u>AMOUNT</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

I understand that the refund request of the above listed amount(s) is subject to verification of the actual available funds remaining on my child/children's account. I also understand that payments of any funds will be via check through the Prince George County School's payment accounting procedures.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE ALLOW UP TO 45 DAYS FOR PROCESSING REFUNDS.**